

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
	See Table 1 (appendices I, II, III)	See Table 2 (appendices I, II, III)	

2. Pregnant Women and Infants under 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

☒ 133 percent ☐ _____ percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 10,707</u>
<u>2</u>	<u>\$14,431</u>
<u>3</u>	<u>\$18,155</u>
<u>4</u>	<u>\$21,879</u>
<u>5</u>	<u>\$25,603</u>

TN No. 98-12
Supersedes
TN No. 97-12

Approval Date 6-26-95

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State of VIRGINIA

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under §1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under §1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

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INCOME ELIGIBILITY LEVELS

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Woman and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of §1902(a)(1)(A)(ii)(IX) and 1902(b)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$</u>
<u>2</u>	<u>\$</u>
<u>3</u>	<u>\$</u>
<u>4</u>	<u>\$</u>
<u>5</u>	<u>\$</u>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8. The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$</u>
<u>2</u>	<u>\$</u>
<u>3</u>	<u>\$</u>
<u>4</u>	<u>\$</u>
<u>5</u>	<u>\$</u>
<u>6</u>	<u>\$</u>
<u>7</u>	<u>\$</u>
<u>8</u>	<u>\$</u>
<u>9</u>	<u>\$</u>
<u>10</u>	<u>\$</u>

N/A - Erroneous Group

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INCOME ELIGIBILITY LEVELS

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of §1902(m)(4) of the Act are as follows:

Based on ___ percent on the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$</u>
<u>2</u>	<u>\$</u>
<u>3</u>	<u>\$</u>
<u>4</u>	<u>\$</u>
<u>5</u>	<u>\$</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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INCOME ELIGIBILITY LEVELS

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of §1905(p)(2)(A) of the Act are as follows:

1. NON-§1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 85 percent ☐ ___ percent (no more than 100)

Eff. Jan. 1, 1990: ☐ 90 percent ☐ ___ percent (no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$</u>
<u>2</u>	<u>\$</u>

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INCOME ELIGIBILITY LEVELS

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. §1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI *VA DID NOT APPLY A MORE RESTRICTIVE INCOME STANDARD AS OF JANUARY 1, 1987

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:	<input checked="" type="checkbox"/> 85 percent	<input type="checkbox"/> ___ percent (no more than 100)
Eff. Jan. 1, 1990:	<input type="checkbox"/> 85 percent	<input checked="" type="checkbox"/> <u>90</u> percent (no more than 100)
Eff. Jan. 1, 1991:	<input type="checkbox"/> 95 percent	<input checked="" type="checkbox"/> <u>100</u> percent (no more than 100)
Eff. Jan. 1, 1992:	100 percent	

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 8,050</u>
<u>2</u>	<u>\$10,850</u>

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INCOME ELIGIBILITY LEVELS

D. INCOME LEVELS - MEDICALLY NEEDY

- ☒ Applicable to all groups ☐ Applicable to all groups except those specified below.
Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>12</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net Income level for persons living in rural areas for <u> </u> months	Amount by Which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
	<input type="checkbox"/> urban only			
	<input checked="" type="checkbox"/> urban & rural	SEE PAGE 8a for REQUIRED INCOME LEVELS		
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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INCOME ELIGIBILITY LEVELS

D. INCOME LEVELS - MEDICALLY NEEDY

☒ Applicable to all groups ☐ Applicable to:

(1)	(2)	(3)
Family Size	Net income level protected for maintenance	Amount by Which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹

☐ urban only

☒ urban & rural

	Group I	Group II	Group III	
1	\$2600	\$3000	\$3900	\$ 0
2	\$3400	\$3700	\$4800	\$ 0
3	\$3900	\$4300	\$5300	\$ 0
4	\$4400	\$4800	\$5800	\$ 0
5	\$4900	\$5300	\$6300	\$ 0
6	\$5400	\$5800	\$6800	\$ 0
7	\$5900	\$6300	\$7300	\$ 0
8	\$6500	\$6900	\$7800	\$ 0
9	\$7100	\$7500	\$8500	\$ 0
10	\$7800	\$8200	\$9100	\$ 0
For each additional person, add:	\$ 600	\$ 600	\$ 600	\$ 0

*NOTE: As authorized in §4718 of OBRA '90.

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